



Iowa Department of Human Services

Critical Incident Reporting Process Collaborative Training

December 13, 2016

Objectives

- Review Iowa Administrative Code (IAC) requirements for incident reporting
- Define the difference between a major and minor incident
- Identify updates to the critical incident report form and reporting process for fee for service (FFS) members
- Gain knowledge regarding incident report troubleshooting and resources for each reporting entity.

Iowa Administrative Code: Chapter 77

- Habilitation Services- 77.25 (1)
- Health & Disability (HD) Waiver- 77.30 (18)
- Elderly Waiver- 77.33 (22)
- AIDS/HIV Waiver- 77.34 (14)
- Intellectual Disability (ID) Waiver- 77.37 (8)
- Brain Injury (BI) Waiver- 77.39 (6)
- Physical Disability Waiver- 77.41 (12)
- Children's Mental Health (CMH) Waiver- 77.46 (1)

Iowa Administrative Code

- Defines major and minor incidents for HCBS waiver and Habilitation Services
- Identifies reporting requirements for major incidents
- Incident definitions and reporting timelines are the same for fee-for-service (FFS) members and managed care (MCO).
 - The difference is in the reporting process for each entity

Definition of Major Incident

An occurrence involving a member enrolled in waiver (or Habilitation) services:

1. Results in a physical injury to or by the consumer that requires a physician's treatment or admission to a hospital;
2. Results in the death of the member;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;

Definition of Major Incident (cont.)

5. Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;
6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph “1,” “2,” or “3”; or “5”
7. Involves a member’s location being unknown by provider staff who are assigned protective oversight. (This is when services or supervision by staff is to be provided or is scheduled)

Minor Incident

An occurrence involving a member that is not a major incident which consists of:

1. Results in the application of basic first aid
2. Results in bruising
3. Results in seizure activity
4. Results in injury to self, to others, or to property
(No physician or hospital treatment needed)
5. Constitutes a prescription medication error
(No physician or hospital treatment needed)

Reporting a Major Incident

Who reports

- First to know of incident
- Service providers
- Service workers
- Case managers, Targeted Case managers, Community Based Case Managers, Integrated Health Home Care Coordinators

Who does not report

- Consumer Choice Options (CCO), Home and Vehicle Modification, and transportation providers or personal emergency response

Reporting a Major Incident (cont.)

When to report

- By the end of the next calendar day from the date the incident occurred or was discovered

What to report

- Name of member
- Date occurred and/or discovered
- Description of incident
- Action agency took to manage incident
- Resolution/follow-up

Reporting A Major Incident (cont.)

Why is it necessary to report

- State and Federal requirements
- Chapter 24 accreditation
- Best practice for your internal quality improvement plan
- Risk management
- Preventative measures

Major Incident Report Required - Examples

- Medication Error/pattern resulting in physician treatment, mental health treatment, hospitalization, abuse or death
- Seizure resulting in physical injury
- Hospitalization due to an injury
- Law enforcement responding to a non-medical call
- Location Unknown- supervision not provided during scheduled service provision

Major Incident Report Not Required – Examples

- Medication Error where dose missed, no reaction or no treatment needed
- Seizures with no physical injury
- Scheduled hospitalization due to medical reasons or medical precaution
- Scheduled physician treatment due to medical condition or precaution to medical concern
- Law enforcement responding to a medical call- standard protocol

Accessing the Updated Critical Incident Report Form

The screenshot shows the Iowa Department of Human Services website. The header includes the Iowa.gov logo, navigation links for Agencies and Online Services, a search bar, and the department's name. A secondary navigation bar lists various service areas. The main content area is titled 'Forms' and features a list of provider services on the left and a list of forms on the right. The forms list includes a 'Medicaid Forms' section with several form numbers and titles.

PROVIDER SERVICES

- Overview
- Rules and Policies
- Provider Enrollment
- Claims and Billing
- Covered Services, Rates, and Payments
- Forms
- Tools, Training, and Initiatives
- Rights and Responsibilities

Forms

Medicaid Forms	
470-0040	Adjustment Request
470-0042	Case Activity Report
470-0254	Iowa Medicaid Universal Provider Enrollment Application
470-0369	Agreement for Nursing Facilities and Skilled Nursing Facilities
470-0370	Agreement for Intermediate Care Facilities for the Intellectually Disabled/

Report Abuse & Fraud

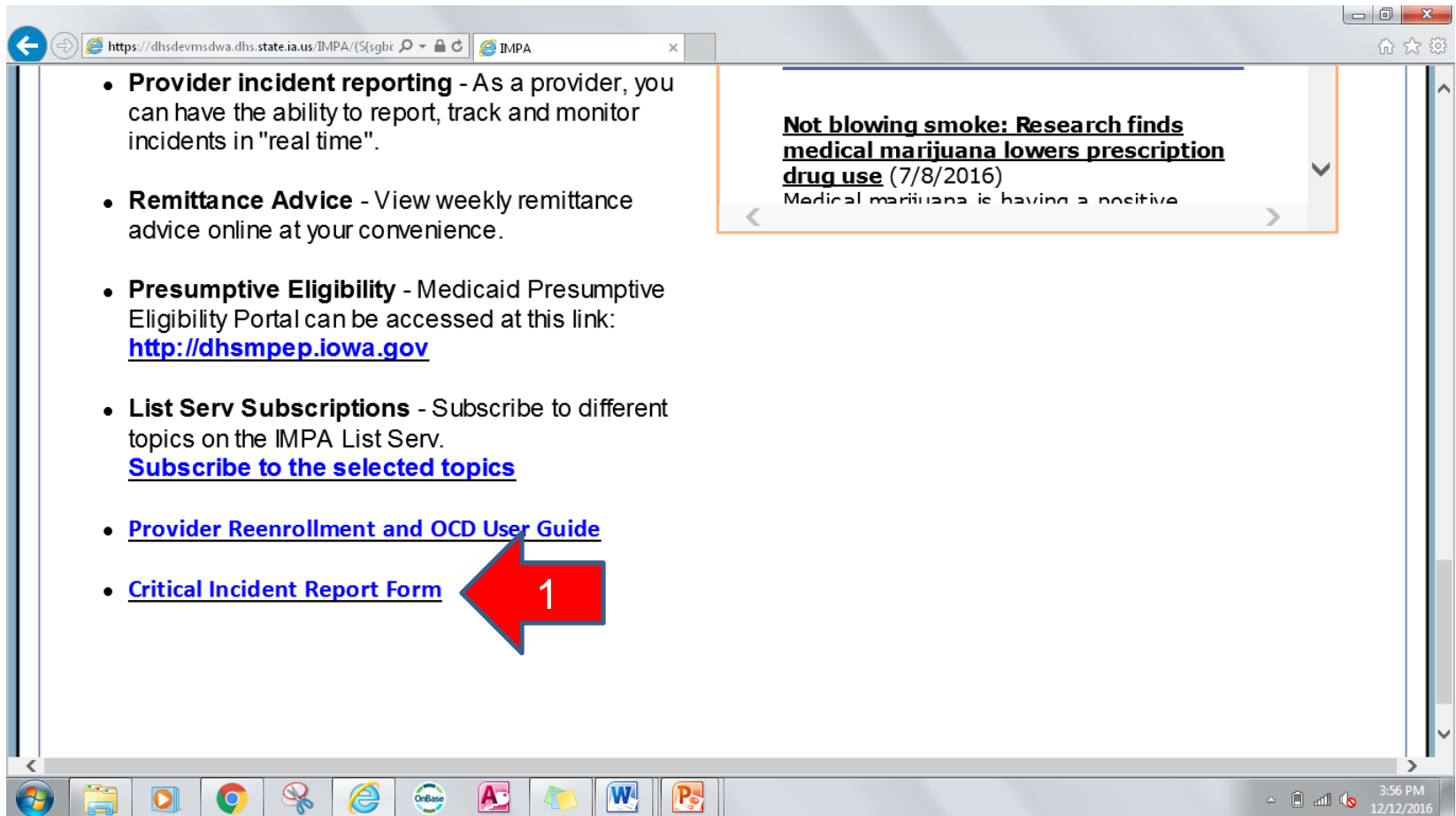
How to Apply

DHS Offices Map

A to Z services

Calendar / Meetings

Accessing the Updated Critical Incident Report Form (cont.)



The screenshot shows a web browser window with the URL <https://dhsdevmsdwa.dhs.state.ia.us/IMPA/>. The page contains a list of links on the left and a news article on the right. A red arrow with the number '1' points to the 'Critical Incident Report Form' link.

- **Provider incident reporting** - As a provider, you can have the ability to report, track and monitor incidents in "real time".
- **Remittance Advice** - View weekly remittance advice online at your convenience.
- **Presumptive Eligibility** - Medicaid Presumptive Eligibility Portal can be accessed at this link: <http://dhsmppep.iowa.gov>
- **List Serv Subscriptions** - Subscribe to different topics on the IMPA List Serv. [Subscribe to the selected topics](#)
- **Provider Reenrollment and OCD User Guide**
- **Critical Incident Report Form**

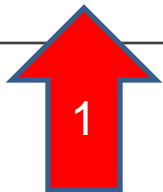
Not blowing smoke: Research finds medical marijuana lowers prescription drug use (7/8/2016)
Medical marijuana is having a positive

1

Critical Incident Report (CIR) 470-4698 Updates

- Incident Status
 - Checkbox for additional information added

Incident Status:	Managed Care Organization:
<input type="checkbox"/> Initial (pending further investigation)	<input type="checkbox"/> Amerigroup Iowa
<input type="checkbox"/> Completed (investigation completed)	<input type="checkbox"/> AmeriHealth Caritas Iowa
<input type="checkbox"/> Additional information added	<input type="checkbox"/> UnitedHealthcare Community Plan
	<input type="checkbox"/> Non-MCO



CIR 470-4698 Updates (cont.)

- Reporting Party
 - Separate section
 - Entering phone numbers
 - Do not include dashes or slashes “/” “-”

Reporting Party	Reporter Name:	Phone #:
	Title:	
	Email:	

CIR 470-4698 Updates (cont.)

Correct Phone Number Entry

- 5555555555

Incorrect Phone Number Entry

- 555-555-5555
- 555/555/5555

CIR 470-4698 Updates (cont.)

Correct Date Entry

- 01012017

Incorrect Date Entry

- 1/1/17
- 01/01/17
- 1/1/2017

CIR 470-4698 Updates (cont.)

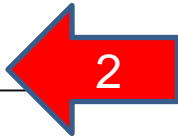
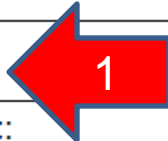
- Point of contact
 - Added this section

	Point of Contact to Discuss Incident (If differs from reporter): Name: Phone #:
--	---

CIR 470-4698 Updates (cont.)


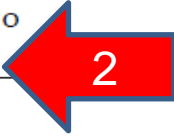
- Case Manager
 - Added phone number and if the member was contacted within 24 hours

Case Manager (CM)	First & Last Name:	
	Address:	
	Email:	Phone #:
	Case Manager contacted Member within 24-hours of discovering incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date and Time CM contacted Member:	



CIR 470-4698 Updates (cont.)

- Incident
 - Date of incident and date of discovery are required

Incident	Date of Incident Occurred (REQUIRED): 	
	Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Unknown	
	Was the Incident Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Incident Discovered (REQUIRED): 	
	Name of person to learn of Incident:	Title:

CIR 470-4698 Updates (cont.)

- Location of incident
 - Less options for checkboxes
 - Added Name of Location or Facility and address

Location of Incident	Select Location Type (If other specify):		
	<input type="checkbox"/> <u>Member's Home</u> <input type="checkbox"/> Living Alone <input type="checkbox"/> Living w/Relatives <input type="checkbox"/> Living w/Unrelated Person <input type="checkbox"/> RCF <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other:	<input type="checkbox"/> <u>Community</u> <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Vehicle <input type="checkbox"/> Day Program <input type="checkbox"/> Other:	<input type="checkbox"/> <u>Other Location</u> <input type="checkbox"/> State Facility <input type="checkbox"/> Correctional Facility/Jail <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> PMIC <input type="checkbox"/> Other:
	Name of Location or Facility: Address:		



CIR 470-4698 Updates (cont.)

- Reporting
 - Added checkboxes on whom incident was reported to

Reporting	Case Manager Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Informed:
	Guardian Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Informed:
	DHS Report Made: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of Report:
	Report #: DHS report accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dept. of Inspection & Appeals (DIA): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of Report:
	Law Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Contacted:
	Officer Name & Contact Information:
Other Entity Contacted, specify:	



CIR 470-4698 Updates (cont.)

- Preventable and Root Cause
 - New sections

Incident Description (Include Who, What, When, Where, and How in a clear concise manner noting the circumstances of the incident.):	
Was the Incident Preventable: <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Root Cause (Describe what lead to or contributed to the incident): 	
Immediate Resolution (Include action taken to secure the member's safety and proposed prevention plan to address.):	

CIR 470-4698 Updates (cont.)

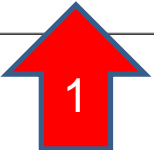
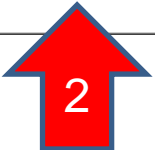
- Physical Injury
 - Less options for checkboxes

Circumstances (select one): <input type="checkbox"/> Physical Injury to Member <input type="checkbox"/> Physical Injury by Member	
<input type="checkbox"/> Physical Injury (injury requiring physician's treatment or admission to a hospital)	
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture wound
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture/break
<input type="checkbox"/> Concussion	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Human/animal bite	<input type="checkbox"/> Poisoning/toxin ingestion
<input type="checkbox"/> Laceration	<input type="checkbox"/> Other: 
<i>Injury is due to (select all that apply):</i>	
<input type="checkbox"/> Mechanical restraint	<input type="checkbox"/> Accidental fall
<input type="checkbox"/> Removal of mobility aids	<input type="checkbox"/> Aspiration/choking
<input type="checkbox"/> Personal harm	<input type="checkbox"/> Vehicular accident
<input type="checkbox"/> Aggressive behavior	<input type="checkbox"/> Assault
	<input type="checkbox"/> Other: 

CIR 470-4698 Updates (cont.)

- Medication Error
 - Separate section
 - Must include what the medication error lead to

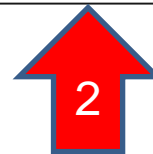
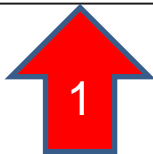
Incident Type	<input type="checkbox"/> Medication Error (Medical intervention sought or pattern of medication errors identified. Check all that apply.)	<input type="checkbox"/> By Staff <input type="checkbox"/> By Member
	<input type="checkbox"/> Wrong dosage <input type="checkbox"/> Wrong medication <input type="checkbox"/> Missed Dose	<input type="checkbox"/> Wrong time <input type="checkbox"/> Unauthorized administration <input type="checkbox"/> Overdose <input type="checkbox"/> Other:
	Root Cause (Check all that apply): <input type="checkbox"/> Staff distracted <input type="checkbox"/> Not verifying correct member <input type="checkbox"/> Unknown	Medication Error lead to (Check all that apply): <input type="checkbox"/> Physical Injury <input type="checkbox"/> Death <input type="checkbox"/> Emergency Mental Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Abuse Report



CIR 470-4698 Updates (cont.)

- Death

<input type="checkbox"/> Death
Apparent cause of death: <input type="checkbox"/> Accident <input type="checkbox"/> Natural Causes <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown
Preventable?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Autopsy performed? Autopsy requested?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Was there a DNR order?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospice Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location Death Occurred:
Location Address:



CIR 470-4698 Updates (cont.)

- Mental Health
 - Updated incident type Emergency Mental Health

<input type="checkbox"/>	Emergency Mental Health (check all that apply)								
Suicidal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Aggressive to others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Self-Injurious	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Member needed to be admitted for treatment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

CIR 470-4698 Updates (cont.)

- Law Enforcement
 - Updated options for checkboxes
 - Includes if member was arrested
 - Identifies if member was charged

<input type="checkbox"/> Law Enforcement									
Reason Involved: Criminal <input type="checkbox"/> Mental Health <input type="checkbox"/> Behavioral <input type="checkbox"/> Medical <input type="checkbox"/> Welfare Check <input type="checkbox"/>									
Location Unknown/Elopement <input type="checkbox"/> Other (Describe) <input type="checkbox"/>									
<input type="checkbox"/> Victim	<input type="checkbox"/> Perpetrator	Arrested	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Charged	<input type="checkbox"/> Yes	<input type="checkbox"/> No		



CIR 470-4698 Updates (cont.)

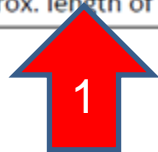
- Abuse Report/Restriction
 - Updated checkbox selections

<input type="checkbox"/> Abuse Report/Restriction		
<input type="checkbox"/> Victim	<input type="checkbox"/> Physical injury	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Perpetrator	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Denial of critical care
	<input type="checkbox"/> Self-denial of critical care	<input type="checkbox"/> Mental Injury

CIR 470-4698 Updates (cont.)

- Location unknown/elopement
 - Updated incident type location unknown/elopement
 - Added approximate length of time location unknown

<input type="checkbox"/>	Location Unknown/Elopement (Location unknown by provider responsible for protective oversight)
Approx. length of time location unknown:	



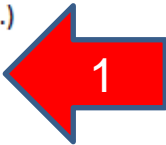

CIR 470-4698 Updates (cont.)

- Incident specific resolution

Resolution	Incident-Specific Resolutions (Indicate agency course of action, proposed plans, self-corrective actions, measures to prevent or diminish probability for future occurrences, etc. Select all that apply.)
	<input type="checkbox"/> Staff Review/Updates (Complete this section if staff issues will be addressed by the agency/facility. Describe any changes in staffing patterns.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Describe:
	<input type="checkbox"/> Member Review (Complete this section if the member's plan, health and/or care needs will be reviewed and/or revised.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Member Care/Treatment Plan Revised: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
	<input type="checkbox"/> Equip & Supplies Review/Updates (Complete this section if necessary equipment or supplies need purchased, repaired, replaced, or assessed.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Describe:
	<input type="checkbox"/> Environment Review/Updates (Complete this section if the member's environment will be evaluated, accommodated, or modified for safety or accessibility needs.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Describe:

CIR 470-4698 Updates (cont.)

- Resolution
 - Less options for checkboxes

<input type="checkbox"/> Policy and Procedure Review/Updates (A review or adjustment of formal written policies, procedures and/or guidelines implemented by the agency/facility.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Describe:	
<input type="checkbox"/> Agency Wide Planning (Systemic resolution to include but not limited to training/retraining, self-CAP, communication/awareness regarding updates, employee screening, etc.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed <input type="checkbox"/> Self-Corrective Action Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
<input type="checkbox"/> No Resolution Required (Indicate how incident was isolated) Describe:	

CIR 470-4698

General Requirements

- Follow rules for reporting requirements
- Complete form in it's entirety
- Include clear and concise information
- Comment boxes have unlimited space
- Additional information can be added later

Updated Reporting Process

- Iowa Medicaid Enterprise- Fee For Service
 - Determine member eligibility
 - Complete updated CIR form electronically
 - Save the CIR form to desktop
 - Form is submitted to the entity/payor at the time the incident occurred or was discovered.

Updated Reporting Process

- Amerigroup Iowa, Inc.
 - <https://providers.amerigroup.com/IA/Pages/ia.aspx>
- AmeriHealth Caritas Iowa
 - www.amerihealthcaritasia.com
- United Healthcare Community Plan
 - www.uhccommunityplan.com/health-professionals/ia/provider-training.html

Member Eligibility Determination

- Call the Eligibility and Verification System (ELVS)
 - 515-323-9639 (locally in Des Moines)
 - 1-800-338-7752 (toll free)
 - Available 24 hours a day, seven days a week

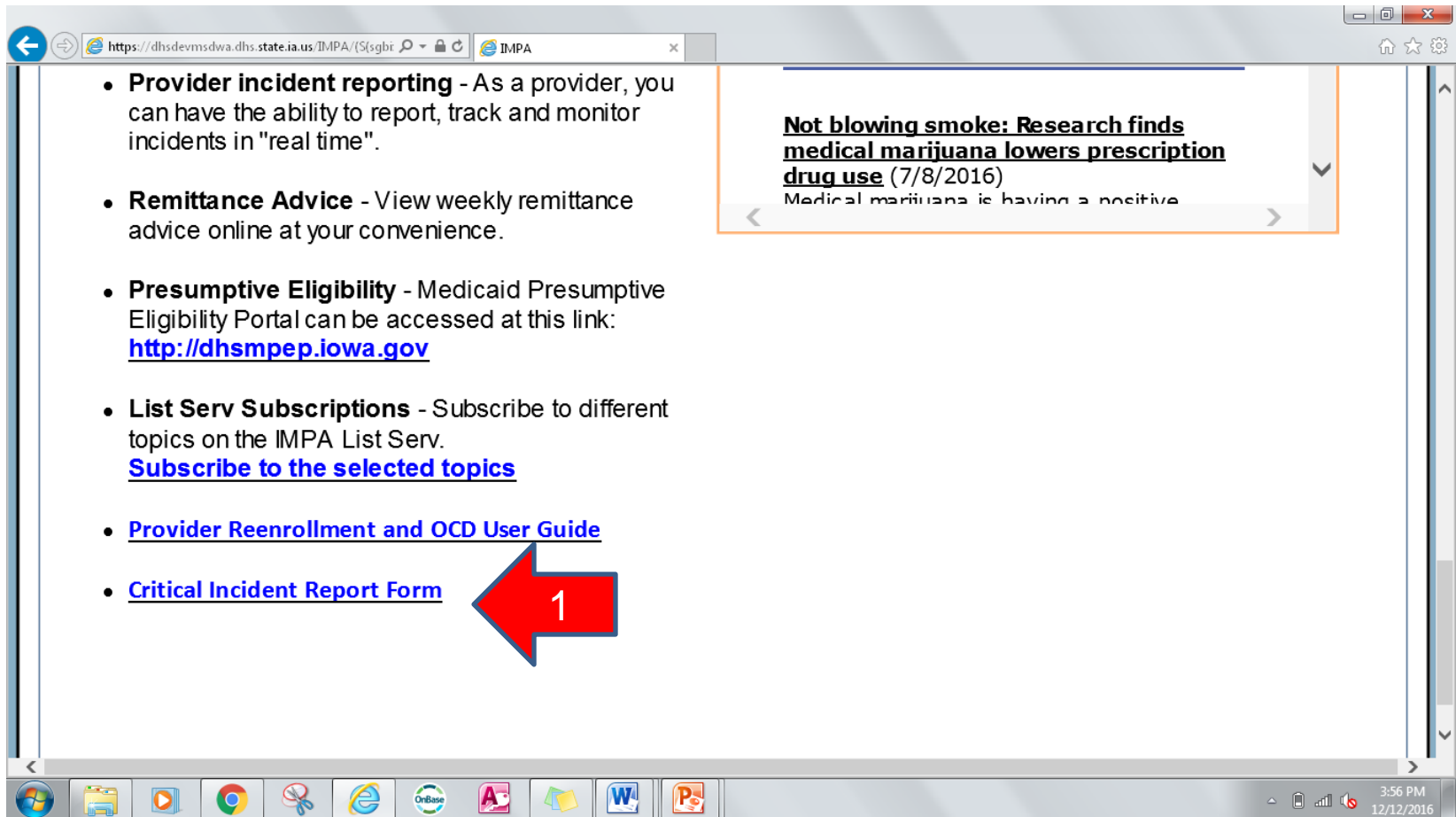
Accessing Form 470-4698

- Providers/Case Managers/Transition Specialists/Care Coordinators can access the newest form on the DHS website

The screenshot displays the Iowa Department of Human Services (DHS) website. The header includes the Iowa.gov logo, navigation links for Agencies and Online Services, a search bar, and a Google Custom Search button. The main navigation menu lists Home, Can We Help?, Providers & Partners, Performance and Reports, News & Initiatives, Online Services, and About DHS. The breadcrumb trail shows the path: Home » Provider Services » Forms. On the left, the 'PROVIDER SERVICES' menu is expanded, listing Overview, Rules and Policies, Provider Enrollment, Claims and Billing, Covered Services, Rates, and Payments, Forms, Tools, Training, and Initiatives, and Rights and Responsibilities. The central 'Forms' section features a table of Medicaid Forms. The table has two columns: 'Form Number' and 'Form Name'. The forms listed are 470-0040 (Adjustment Request), 470-0042 (Case Activity Report), 470-0254 (Iowa Medicaid Universal Provider Enrollment Application), 470-0369 (Agreement for Nursing Facilities and Skilled Nursing Facilities), and 470-0070 (Agreement for Intermediate Care Facilities for the Intellectually Disabled/). On the right, a sidebar contains links for Report Abuse & Fraud, How to Apply, DHS Offices Map, A to Z services, and Calendar / Meetings.

Form Number	Form Name
470-0040	Adjustment Request
470-0042	Case Activity Report
470-0254	Iowa Medicaid Universal Provider Enrollment Application
470-0369	Agreement for Nursing Facilities and Skilled Nursing Facilities
470-0070	Agreement for Intermediate Care Facilities for the Intellectually Disabled/

Accessing Form 470-4698 (cont.)



The screenshot shows a web browser window with the URL <https://dhsdevmsdwa.dhs.state.ia.us/IMPA/>. The page contains a list of links on the left and a news article on the right. A red arrow with the number '1' points to the 'Critical Incident Report Form' link.

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- [Provider Reenrollment and OCD User Guide](#)
- [Critical Incident Report Form](#)

Not blowing smoke: Research finds medical marijuana lowers prescription drug use (7/8/2016)
Medical marijuana is having a positive

1

Fee For Service (FFS) Reporting Process

The screenshot shows the Iowa Medicaid Portal Access page. A red arrow labeled '1' points to the 'File' menu item in the top navigation bar. A second red arrow labeled '2' points to the 'Upload File' option in the dropdown menu that appears below 'File'.


Iowa Medicaid Portal Access

Good Afternoon Kelsey Chevalier

[File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#)

- Claim PIN
- Health Home
- New Incident
- Upload File ▶

welcome Iowa Medicaid Portal Application!



Helpful Hints

Looking for a medicaid participating provider? **Find one here.**

Be sure to find all of the latest Provider Information Letters **here.**

Medicaid in the news

Breast cancer: Similarly effective treatments vary in cost (10/10/2016)
The cost of treatment for

FFS Reporting Process (cont.)

The screenshot shows the Iowa Medicaid Portal Access page. The browser address bar displays the URL: [https://dhsdevmsdwa.dhs.state.ia.us/IMPA/\(5pg12aafehstbhsbcr3ohjc2hj\)/Default.aspx](https://dhsdevmsdwa.dhs.state.ia.us/IMPA/(5pg12aafehstbhsbcr3ohjc2hj)/Default.aspx). The page header includes the text "Iowa Medicaid Portal Access" and "Good Morning Kelsey Chevalier". The navigation bar contains links: [File](#), [Review](#), [Manage](#), [Information](#), [Messages](#), and [Logout](#). The left sidebar contains links: [Claim PIN](#), [Health Home](#), [Upload File](#), [CSA](#), [Document to IME](#), and [Critical Incident Report](#). The main content area features a "Localhost/Dev Region" label, a "Welcome to the Iowa Medicaid Portal Application!" message, and a "Click here for the User Registration Guide" link. The "Featured Functionality" section highlights "Provider Enrollment Renewal" with a detailed description. The "Helpful Hints" section provides information on finding participating providers. The "Medicaid in the news" section lists recent news items, including "Few older Americans have dental insurance" and "Breast cancer: Similarly effective treatments vary in cost".

1. Click [Upload File](#) in the left sidebar.

2. Click [Localhost/Dev Region](#) in the top navigation bar.

3. Click [Critical Incident Report](#) in the left sidebar.

Localhost/Dev Region

Welcome to the Iowa Medicaid Portal Application!

[Click here for the User Registration Guide](#)

Featured Functionality

- Provider Enrollment Renewal**
Provider enrollment renewal is an Affordable Care Act (ACA) requirement for all providers in order to stay active with the IME. This includes providers who were previously enrolled with Magellan and who recently enrolled with the IME. The ACA requires that the IME renew enrollment of all providers, regardless of provider types, at least every five years. Providers who fail to complete enrollment renewal by December 31, 2016, may be at risk for

Helpful Hints

Looking for a medicaid participating provider? [Find one here.](#)

Be sure to find all of the latest Provider Information Letters [here.](#)

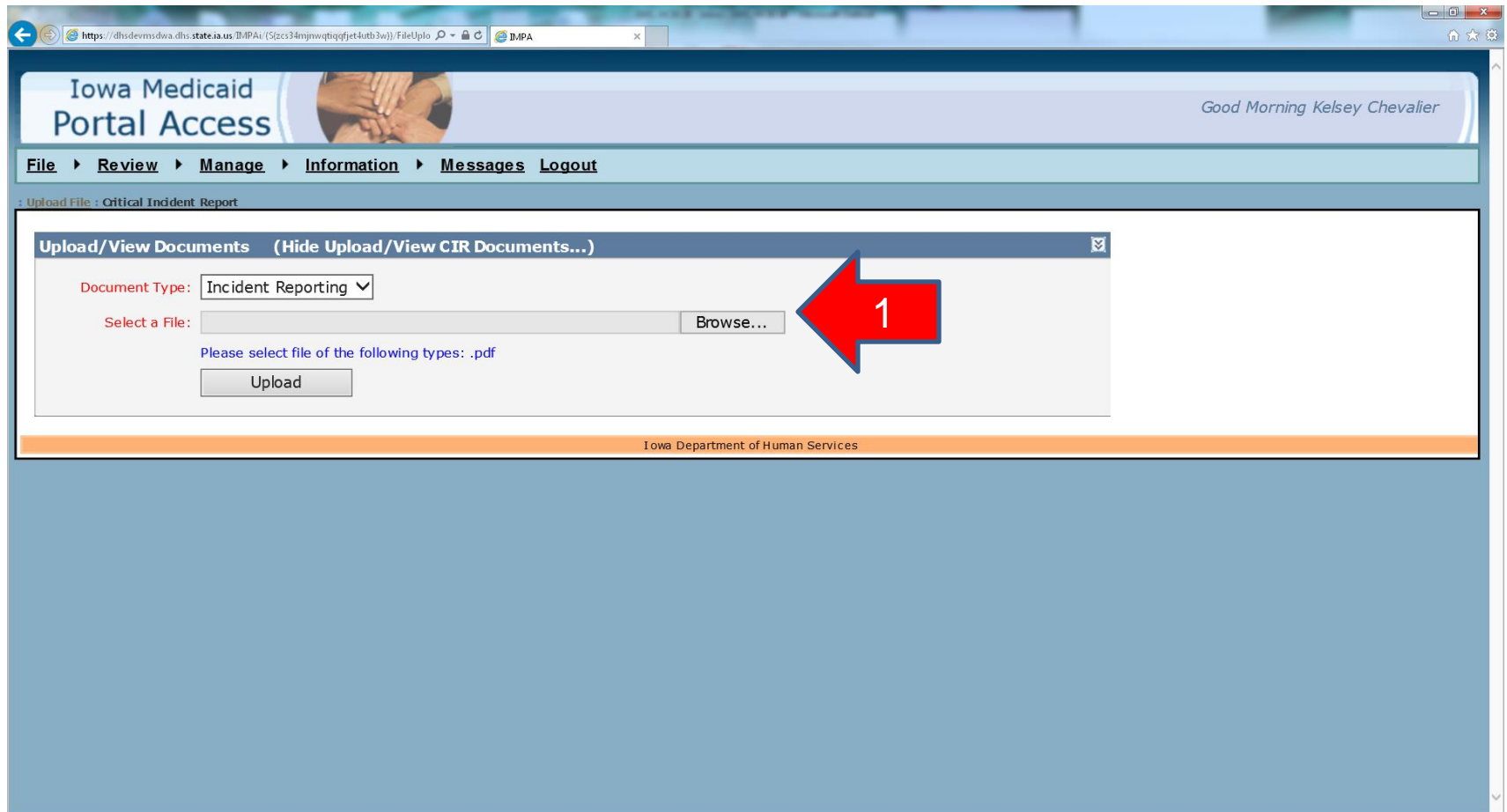
Medicaid in the news

Few older Americans have dental insurance (6 days ago)
Only 12 percent of older Americans have some form of dental insurance and fewer than half visited a ...

Breast cancer: Similarly effective treatments vary in cost (10/10/2016)
The cost of treatment for breast cancer varies widely, and even women with full health insurance are...

Study examines reasons for high cost of prescriptions drugs in U.S., approaches to reduce costs (8/24/2016)
High prescription drug prices are attributable to several causes, including the approach the U.S....

FFS Reporting Process (cont.)



The screenshot displays the Iowa Medicaid Portal Access interface. At the top, the header includes the text "Iowa Medicaid Portal Access" and a greeting "Good Morning Kelsey Chevalier". Below the header is a navigation menu with links: [File](#), [Review](#), [Manage](#), [Information](#), [Messages](#), and [Logout](#). The main content area is titled "Upload File : Critical Incident Report". Within this area, there is a section titled "Upload/View Documents (Hide Upload/View CIR Documents...)" which contains a form. The form has a "Document Type" dropdown menu set to "Incident Reporting". Below this is a "Select a File:" label followed by a text input field and a "Browse..." button. A red arrow with the number "1" points to the "Browse..." button. Below the input field, there is a message "Please select file of the following types: .pdf" and an "Upload" button. The footer of the page reads "Iowa Department of Human Services".

https://dhs.devm.sdw.dhs.state.ia.us/IMPAT/(S2cs34njinwqtiqqjet4utb3w)/FileUplo

IMPA

Iowa Medicaid Portal Access

Good Morning Kelsey Chevalier

[File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#)

Upload File : Critical Incident Report

Upload/View Documents (Hide Upload/View CIR Documents...)

Document Type: Incident Reporting ▼

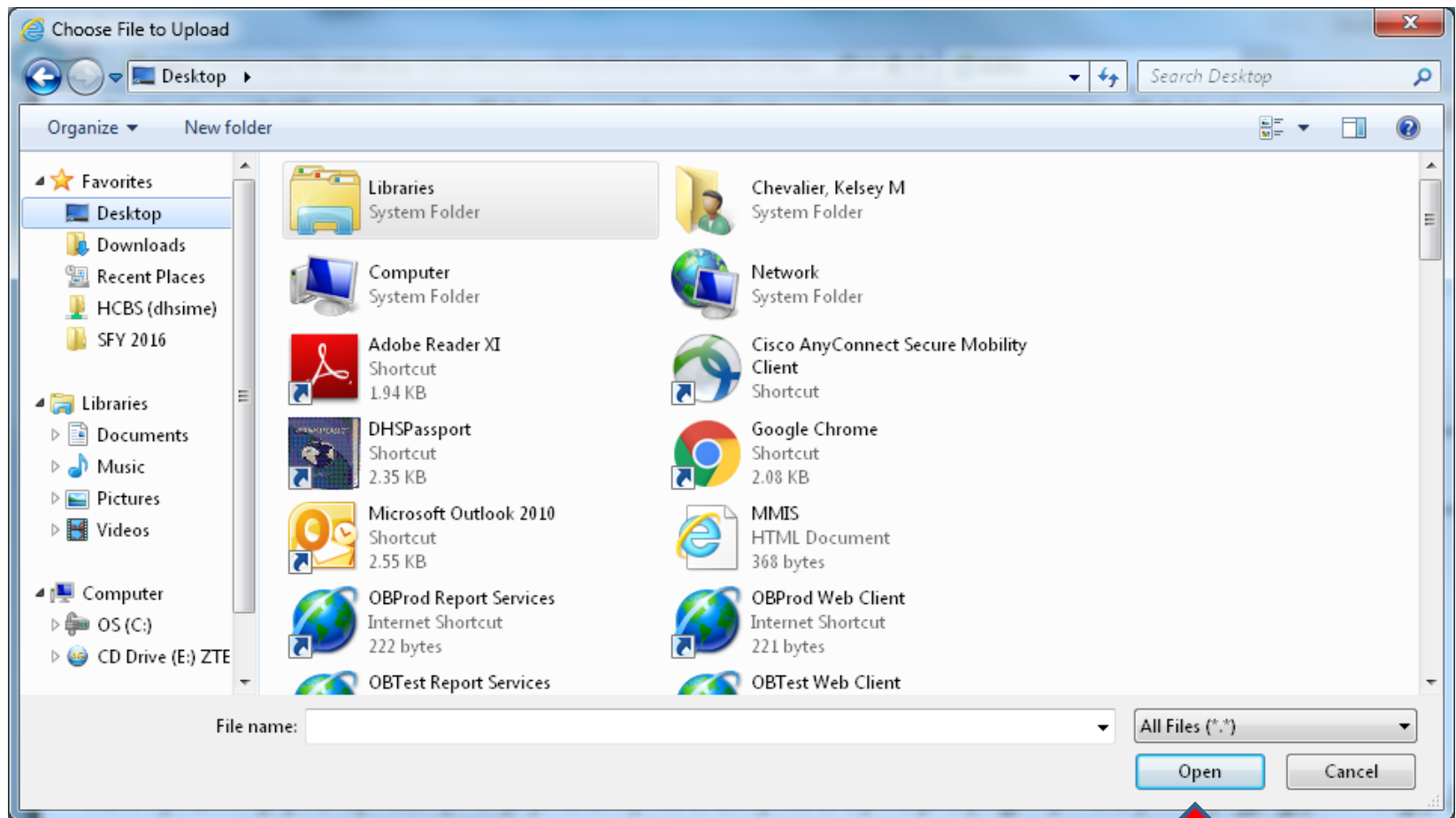
Select a File: Browse...

Please select file of the following types: .pdf

Upload

Iowa Department of Human Services

FFS Reporting Process (cont.)



FFS Reporting Process (cont.)

The screenshot shows a web browser window with the URL [https://dhsdevmsdwa.dhs.state.ia.us/IMPAT/\(S\(2c334njnwtqjqqj4utb3w\)\)/FileUplo](https://dhsdevmsdwa.dhs.state.ia.us/IMPAT/(S(2c334njnwtqjqqj4utb3w))/FileUplo). The page title is "Iowa Medicaid Portal Access". The navigation bar includes links: [File](#), [Review](#), [Manage](#), [Information](#), [Messages](#), and [Logout](#). The breadcrumb trail shows: [Upload File](#) > Critical Incident Report.

The main content area is titled "Upload/View Documents (Hide Upload/View CIR Documents...)". It contains the following fields and buttons:

- Document Type:** A dropdown menu set to "Incident Reporting".
- Select a File:** A text input field containing the file path "C:\Users\kcheval\Desktop\Test CIR.pdf" and a "Browse..." button.
- File Type:** A message stating "Please select file of the following types: .pdf".
- Upload:** A button to submit the file.

A red arrow with the number "1" points to the "Upload" button. The footer of the page reads "Iowa Department of Human Services".

FFS Reporting Process (cont.)

- ISIS Workflow
 - Answer milestones in the Individualized Services Information System (ISIS)
 - Provide response in ISIS comment box
- Disable users when employment ends

Viewing incidents

- Same process

The screenshot shows the Iowa Medicaid Portal Access web application. A red arrow labeled '1' points to the 'Existing Incident' link in the 'Review' dropdown menu. Another red arrow labeled '2' points to the 'Welcome to the Iowa Medicaid Portal Application!' message. The page includes a navigation bar with links: File, Review, Manage, Information, Messages, and Logout. The main content area features a welcome message, a helpful hints section, and a news section titled 'Medicaid in the news' with a link to 'Few older Americans have dental insurance'.

1

2

File ▶ Review ▶ Manage ▶ Information ▶ Messages ▶ Logout

View Authorization

[Existing Incident](#)

Home Report ▶

Welcome to the Iowa Medicaid Portal Application!

Click here for the User Registration Guide

Helpful Hints

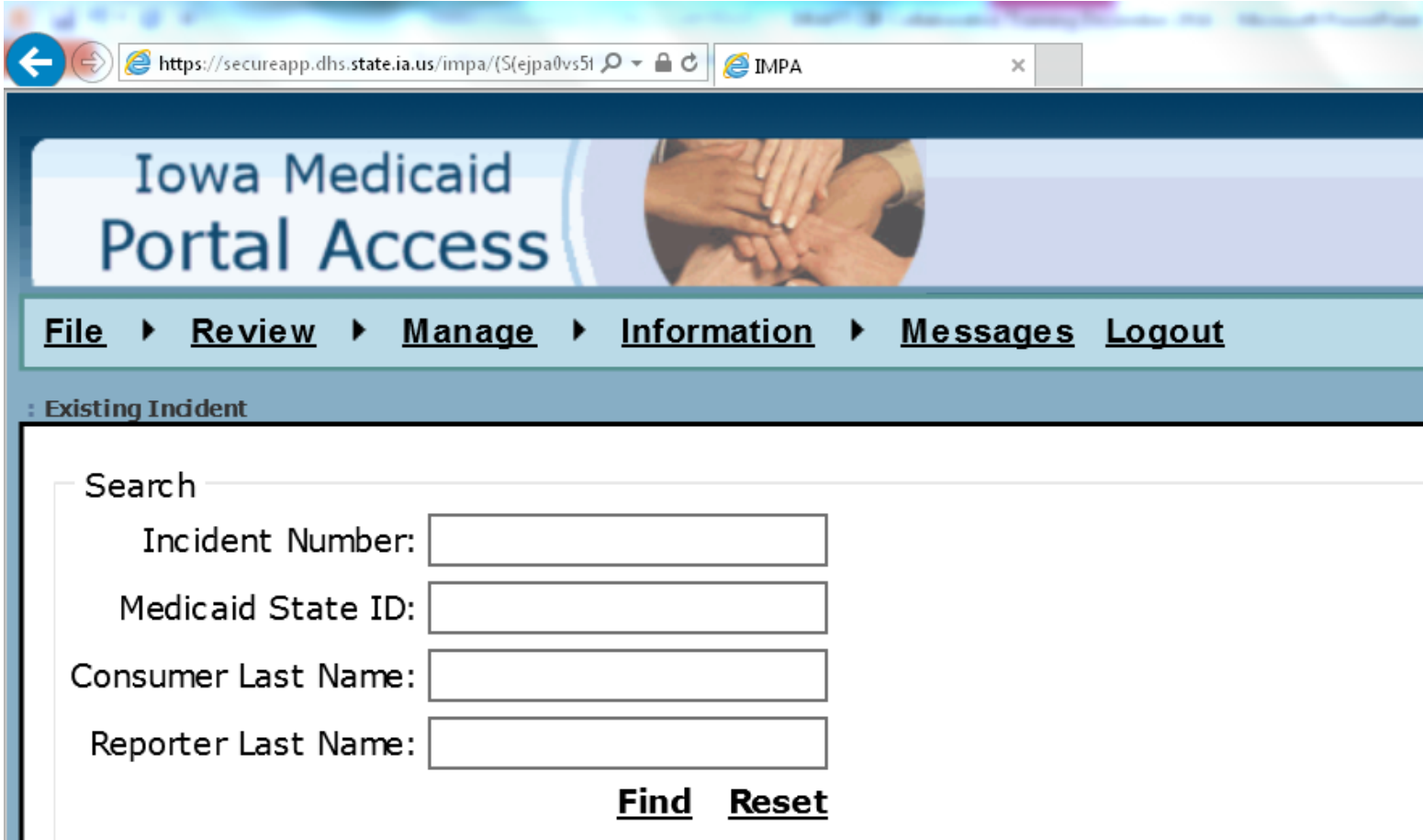
Looking for a medicaid participating provider? [Find one here.](#)

Be sure to find all of the latest Provider Information Letters [here.](#)

Medicaid in the news

[Few older Americans have dental insurance](#) (6 days ago)
Only 12 percent of older Americans have some form of dental insurance and fewer than half visited a ...

Viewing Incidents (cont.)



The screenshot shows a web browser window with the URL [https://secureapp.dhs.state.ia.us/impal/\(S\(ejpa0vs51...\)\)](https://secureapp.dhs.state.ia.us/impal/(S(ejpa0vs51...))). The page title is "Iowa Medicaid Portal Access". The navigation menu includes [File](#), [Review](#), [Manage](#), [Information](#), [Messages](#), and [Logout](#). The main content area is titled ": Existing Incident" and contains a search form with the following fields:

- Incident Number:
- Medicaid State ID:
- Consumer Last Name:
- Reporter Last Name:

At the bottom of the search form are the buttons [Find](#) and [Reset](#).

FFS Troubleshooting

- Error messages
 - Verify member eligibility
 - Ensure the form completed in it's entirety and the required fields are completed
 - Format phone numbers and dates correctly
- Contact IMPA Support
- Contact hcbsir@dhs.state.ia.us

FFS Resources

- Administrative Code and Rules
<http://dhs.iowa.gov/administrative-rules>
- Critical Incident Reporting Location, Guides and Forms
<http://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding>
- Incident Reporting Questions hcbsir@dhs.state.ia.us
- Iowa Medicaid Portal Access (IMPA) Website
<https://secureapp.dhs.state.ia.us/imp/>
- IMPA Support impasupport@dhs.state.ia.us
- HCBS Specialists Contacts
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>

FFS Resources cont.

- Iowa Department of Human Services forms
<http://dhs.iowa.gov/ime/providers/forms>

Summary

- Reviewed Iowa Administrative Code (IAC) requirements for incident reporting
- Defined the difference between a major and minor incident
- Identified updates to the critical incident report form and reporting process for fee for service (FFS) members
- Gained knowledge regarding incident report errors and troubleshooting.

Questions

Incident Reporting Mailbox

hcbsir@dhs.state.ia.us